

**APPLICATION FOR
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Fifth Street
Washburn, WI 54891
Phone - (715) 373-6138

R E C E I V E D
MAR 31 2009

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

\$75.00

ENTERED

Office Use:
Zoning District/Lakes Class _____
Application No. 20-0144
Date 6-25-20
Fee Paid \$75 3-31-2009

Property Owner Scott + Vicki Staley

Property Address 46545 US Hwy 63
of RV placement. Town of Drummond

Mailing Address Po Box 247

Agent: _____

Fitchburg, WI 53575

Telephone 608-279-7471

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

1/4 of NE 1/4 of Section 31 Township 44 N. Range 07 W. Town of Drummond

Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM # _____

Volume 1003 Page 444 of Deeds Parcel I.D. # _____ Acreage 16.4

Additional Legal Description: _____

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐

Year: 2000 Vin #: 1JA102MXY1C40412

Make of RV: Jayco

Model of RV: Eagle 266

FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only		Zoning District/Lakes Class: _____
Permit Issued:	Sanitary Number _____	Date _____
Issuance Date <u>6-25-20</u>	Permit Number <u>20-0144</u>	Permit Denied (Date) _____
Reason for Denial: _____		
Inspection Record: _____		
By <u>6/1/20</u>		Date of Inspection <u>6/1/20</u>
Variance (B.O.A.) # _____		
Condition: <u>RV may be placed up to 4 months from issuance date.</u> Must be removed by: _____		
Signed <u>[Signature]</u>		Date of Approval <u>6/1/20</u>
Inspector		

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE - X

SANITARY — 250 gallon Vaulted Privy

SIGN -

SPECIAL — Class A

CONDITIONAL -

BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0144**

Issued To: **Scott & Vicky Staley**

Part of the

Location: **NE** $\frac{1}{4}$ of - $\frac{1}{4}$ Section **31** Township **44** N. Range **7** W. Town of **Drummond**

Gov't Lot

Lot

Block

Subdivision

CSM#

For: **Recreational Vehicle (RV)**

Make: **Jayco**

Model #: **Eagle 2bb**

Vehicle #: **1JBJ02MXY1C40412**

Year: **2000**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition: **May not be used for permanent residence.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

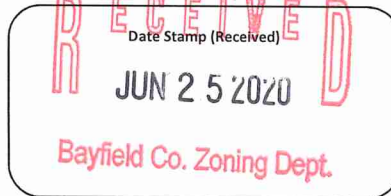
June 25, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	20-0143
Date:	6-25-20
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Scott & Vicky Staley				Mailing Address: P.O. Box 247 1903				City/State/Zip: City 13 PM WI 53575				Telephone: 608-279-7471			
Address of Property: 46645 US Hwy 63				City/State/Zip:				Cell Phone: 608-279-7471				Plumber Phone:			
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID#		Recorded Document: (Showing Ownership) 2003 R 523053					
1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:		Section 31		Township 44 N, Range 7 W		Town of: Drummond		Lot Size 16.4		Acreage					

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 100 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$ -0-	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property			
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation				<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab				<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)						<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	
	<input type="checkbox"/> Run a Business on Property		Use				<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input checked="" type="checkbox"/> MV		Year Round					<input type="checkbox"/> Portable (w/service contract)	
					<input type="checkbox"/> Compost Toilet				
					<input type="checkbox"/> None				

Existing Structure: (if addition, alteration or business is being applied for)	Length: D/A	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Accessory Building (explain)	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	<input type="checkbox"/>	Conditional Use: (explain)	(X)	
	<input checked="" type="checkbox"/>	Other: (explain) 2 MV's	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott & Vicky Staley
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6/18/20

Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

DATE STAMP + FEES? 6-24-20

below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

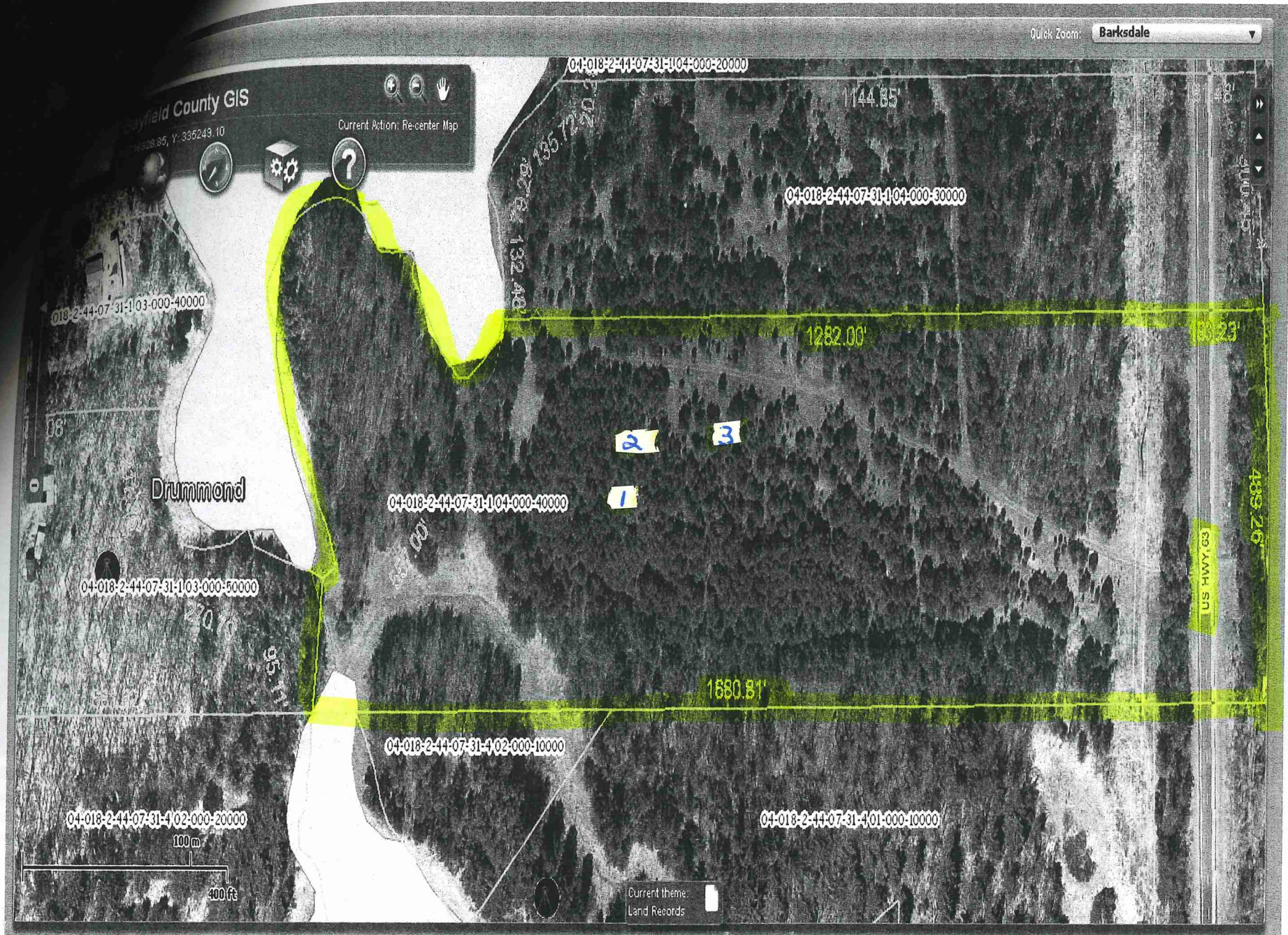
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:					
Permit Denied (Date):		Reason for Denial:									
Permit #: 20-0143		Permit Date: 6-25-20									
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Inspection Record:										Zoning District (A-2)	
Date of Inspection: 6/1/20										Lakes Classification (3)	
Inspected by: [Signature]										Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)											
Maintain septic											
Signature of Inspector: [Signature]										Date of Approval: 6/17/20	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>					



n, City, Village, State or Federal
Permits May Also Be Required

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE - X
SANITARY - 250 gallon Vaulted Privy
SIGN -
SPECIAL - Class A
CONDITIONAL -
BOA -

No. **20-0143**

Issued To: **Scott & Vicky Staley**

Part of the

Location: **NE** $\frac{1}{4}$ of - $\frac{1}{4}$ Section **31** Township **44** N. Range **7** W. Town of **Drummond**

Gov't Lot

Lot

Block

Subdivision

CSM#

For: **Recreational Vehicle (RV) and Privy (250 gallon)**

Make: **Jayco** Model #: **Eagle 312 FK** Vehicle #: **1UJBJ02PXT1CP0225** Year: **1996**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition: **May not be used for permanent residence.**

Tracy Pooler

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Authorized Issuing Official

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

June 25, 2020

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - none
SIGN -
SPECIAL - NA
CONDITIONAL - NA
BOA -

BAYFIELD COUNTY

PERMIT



**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 06162002-2020

Tax ID: 14231

Issued To: RICHARD A FUHRMAN TRUSTEE

Location: GOVT LOT 19 EXC S 500' & PAR Section 33
IN V.162 P.131 359 (CABLE COTTAGE
LAND TRUST DTD 12/10/2019 1/2 INT)
(FUHRMAN FAMILY IRREV TRUST DTD
08/18/2011)

Township 44 N.

Range 07 W.

DRUMMOND

Govt Lot 0

Lot 0

Block 0

Subdivision:

CSM# NA

For: Residential / Detached Garage / 12L x 28W x 8H

Condition(s): Not to be used for human habitation. No water under pressure or plumbing fixtures unless said structure is permitted to be connected to a code compliant POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Rob Schierman

Authorized Issuing Official

Tue Jun 23 2020

Date

(Disclaimer): Any future expansions or development requires additional permitting.